

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

**Title of
Invention****WOOD SURROUND ALUMINUM COMBINATION STORM WINDOWS****Application Type:** regular, utility**Correspondence address:****Customer Number:**

490

490

Inventor Information:**Inventor 1:**

Applicant Authority Type: Inventor
Citizenship: US
Name prefix: Mr.
Given Name: Sayavongs
Family Name: Phandanouvong
City of Residence: Burnsville
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 2205 Connelly Circle
Address-2 of Mailing Address:
City of Mailing Address: Burnsville
State of Mailing Address: MN
Postal Code of Mailing Address: 55337
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Attorney Information:

practitioner(s) at Customer Number:

490 *490*

as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.